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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Mattese Capital Services, LLC (Name of Limited Liability Company)		
(Name of Limited Liability Company)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Lisa Stein		
(Name of Person)		
(Firm/Company)		
627 NW 90 Ferr (Address) Plantation, FL 33324 (City/State and Zip Code)		
(Address)		
Plantation FL 33324		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Lisa St-ein at (954) 472 0665 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is Maltese Capital Service	os. 11C	
2. The Articles of Organization were filed on 6/2	9/2005 and assigned document number	
3. The date the dissolution was approved: 31 Dec 2006		
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	er letter).	
OR-Adequate provision has been made for the de	nited liability company have been paid or discharged.	
rights and interests.	ed among its members in accordance with their respective	
7. CHECK ONE: There are no suits pending against the compa-OR- Adequate provision has been made for the sa entered against it in any pending suit.	any in any court. tisfaction of any judgment, order or decree which may be	
Signatures of the members having the same percentage of i	nembership interests necessary to approve the dissolution:	
Signature Signature	Printed Name LISA STEIN O7 MAY 21 Printed Name D VISION OF C	
	SECRETAR OF S VISION OF CORTOR	
	ATION STATE	